

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/618 530

### Total Fee Calculation

Fee Code	Total # Claims	Number Items	%	Fee	Fee	=	Total	
				Per Entry	Per Entry			
Basic Filing Fee					690		690	
Total Claims Fee	49	29			18		522	
Independent Claim Fee	8	5			78		390	
Multi Day Claim Fee								
Searches							130	
Examiner's Transmittals								
<b>TOTAL FEE CALCULATION</b>								<b>1732</b>

Fees due upon filing the application:

Total Filing Fees Due = \$ 1732.00

Less Filing Fees Submitted = \$ 0

BALANCE DUE = \$ 1732.00

*Geld Dahl*  
Office of Initial Patent Examination